10/14 2005 TUE 459.34

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Robert Kapalka Tyco Electronics Corporation Suite 140 4550 New Linden Hill Road					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
Wilmington, DE 19808					ROBERT KAPALKA (Depositor's manne)			
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					10/11/05 (Date)			
APPLICATION NO.	FILING DATE	FIRST NAMED INVE			TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/790,515	03/01/2004	Attalee S. Taylo				18076	1062	
TITLE OF INVENTION: SELF LOADING LGA SOCKET CONNECTOR						•		
APPLN, TYPE	SMALL ENTITY	ISSUB FEE		PU	BLICATION FEB	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400			\$300	\$1700	10/17/2005	
EXAMINER ART			п	CI	ASS-SUBCLASS	1		
PRASAD, CHANDRIKA 283					439-342000			
Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicati	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to							
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2 registered patent attorneys or agents. If no name is sisted, no name will be printed.				
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PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee of of this form is NOT	data will appe l'a substitute i	ear on the for filling	e patent. If an assign an assignment.	e is identified below, the d	ocument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Tyco Electronics Corporation Middletown, PA								
Please check the appropriate:	assignee category or categor	ries (will not be pri	nted on the pa	itent):	☐ Individual	rporation or other private gro	oup entity Government	
la. The following fee(s) are e	nclosed:		Payment of I					
A check in the amount of the fee(s) is enclosed.								
Publication Fee (No sn	Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # of	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 23-1950 (enclose an extra copy of this form).							
	from status indicated above) IALL ENTITY status. See 3	•	_			L ENTITY status. See 37 C		
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Authorized Signature	Robert		ba.		Date	II OCTOBE		

Authorized Signature Kolvert Lagralka

Typed or printed name ROBERT KAPALKA

Date # 0CT08ER 05

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